



Harnessing Local AETC Partnerships, Resources and Clinic Staff to Jumpstart Quality Improvement/Practice Transformation Projects

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Disclaimer

- Speakers do not have financial conflicts to disclose

Disclosure

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Learning Objectives

- Describe evidence-based and replicable interventions for improving projects along the HIV care continuum through practice transformation
- Identify at least 3 benefits to partnering with an outside agency on quality improvement/practice transformation projects
- Identify one or more strategies to implement related to programmatic, fiscal, data and/or quality management change that can enhance and/or support care along the HIV care continuum
- Identify at least 2 promising practices, innovations, tools or resources to support priority goal setting and resource allocation along the HIV care continuum

Aids Education & Training Centers MATEC

AETCs- AIDS Education and Training Centers

- Ryan White Part F
- Federally funded through HRSA HAB for over 30 years
- Traditionally provide education and technical assistance to healthcare professionals
- Part of a national network of AETCs, serving all states and territories and including four supporting national centers
- Aim is to develop and transform the health care system and its workforce to advance equitable and patient-centered care

MAETC AETC



SERVING MINNESOTA AND IOWA

- We cover Minnesota and Iowa
- Our programming is tailored to our state/local audience
- Support to clinics/hospitals/community-based settings
- Support to individuals
- All of our programs are no cost and easy to access
 - Join mailing list if interested



Primary Health Care The Project of PHC

Primary Health Care Serving People With HIV

Federally Qualified Health Center

- Mission - to provide healthcare and supportive services to all, regardless of insurance, immigration status, or ability to pay
- PHC has 400 employees; 8 medical clinics, 4 dental offices, pharmacy

Ryan White Part B & C Services

- 744 active patients living with HIV

PHC Services

Patients receiving care at The Project have access to many services under one roof, including:

- Medical
- Dental Care
- Pharmacy
- Behavioral Health
- Supportive Services & Programs (HIV, Homeless Support Services)

The Project of PHC Model of Care

The goal of The Project of PHC is to provide confidential, free or low-cost services to help people living with HIV move through the continuum of HIV care.

- Provider - PHC Medical Provider monitors care and prescribes medications
- Nurse Care Manager - Provides support for medical needs
- Case Manager - Provide and connect patients with supportive services



1200 University Avenue #120 | Monday-Friday, 8:00am-5:00pm | 515-248-1595
After Hours: Call 515-248-1500 to speak to a Medical Provider

PROVIDER : 515-248-1500

 Your PHC Medical Provider will monitor your care and prescribe your medications.
It's very important to have routine appointments with your Medical Provider every 4 to 6 months.

NURSE CARE MANAGER : 515-248-

 Your Nurse Care Manager is here to provide support for medical needs.
Reasons to call your Nurse Care Manager include:

- Schedule medical appointments
- Review labs or appointments
- Medical questions
- If you are unwell

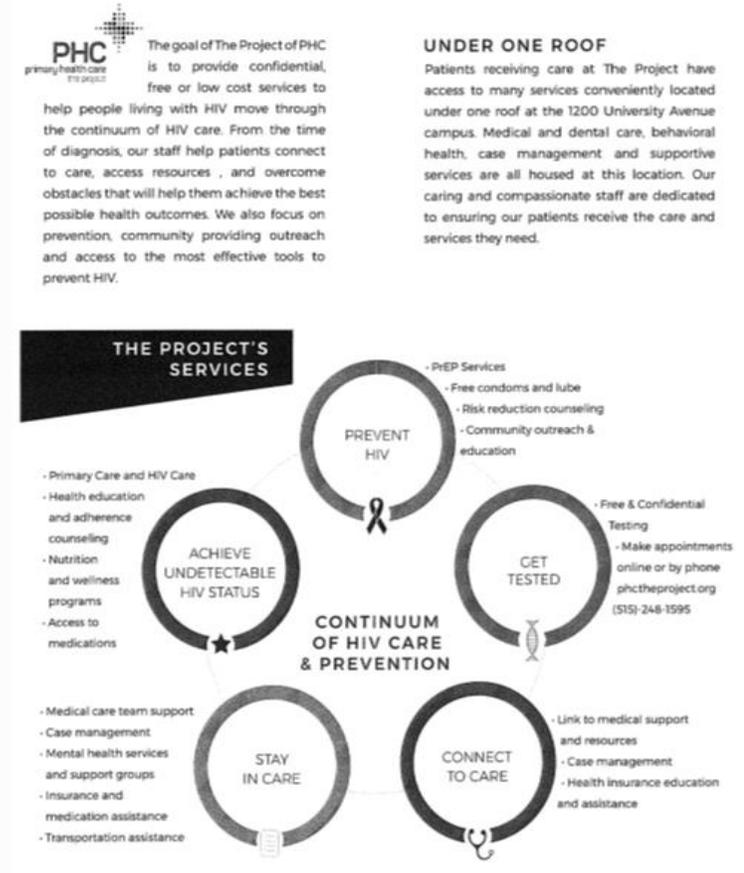
CASE MANAGER : 515-248-

 Your Case Manager is here to provide and connect you with supportive services.
Reasons to call your Case Manager include:

- Connect to community resources
- Income or employment changes
- Medical insurance issues
- Housing assistance information

The Project of PHC

- Prevention
 - HIV, STD and Hep C testing
 - Outreach and education
 - Mobile and at home testing
- Medical
 - HIV, STD and Hep C treatment
 - Nurse care management and pharmacy
 - Med adherence and sexual risk counseling
 - Sliding fee scale, financial assistance
- Case Management
 - Oral care, referrals, financial assistance, labs, mental health, substance use, food, housing and transportation assistance, bike program and smoking cessation



The Project of PHC - Highlights

- Viral suppression – 93%
- Patient adherence supplies and education
- Sexual risk counseling
- Support groups
- Mobile health - 27 ft. RV
- Telehealth

Practice Transformation

Practice Transformation 2

Practice Transformation is defined by the Centers for Medicare & Medicaid (CMS) as **“a process that results in observable and measurable changes to practice behavior.”**

Through coaching and practice facilitation, the goal is for the AETC's to assist partner community health centers in enhancing outcomes along the HIV care continuum.

Practice Transformation Project with Iowa AETC (MATEC)

PT Project funded July 2019 – June 2024

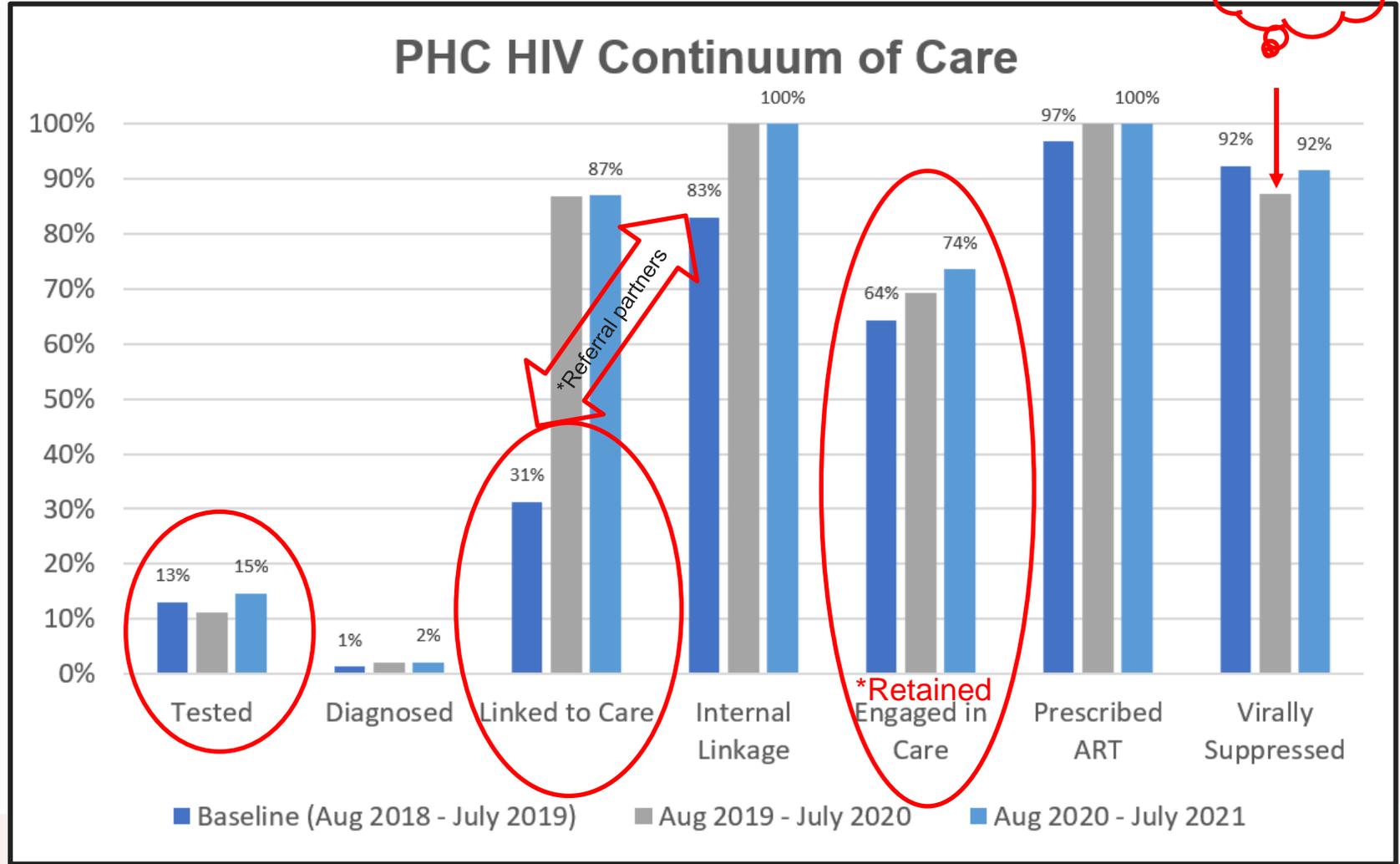
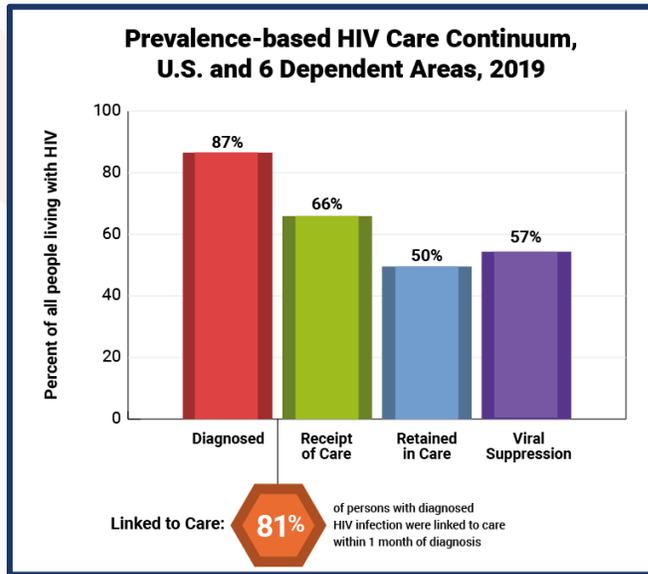
- 2019-2020 - 1st year baseline data work & relationship building
- 2020-2021 – Set priority goals and action plans based on baseline data
 - Special Projects (3)
- 2021-2022 – Revised, deleted and added new goals and action plans based on annual data and clinic needs
 - Special Projects (4)
- 2022-2023 – Current year

Annual Assessments

- Organizational assessment
- Data and performance measures
- Provider/staff assessment

PHC HIV Care Continuum & Goals

*COVID-19 reduced labs



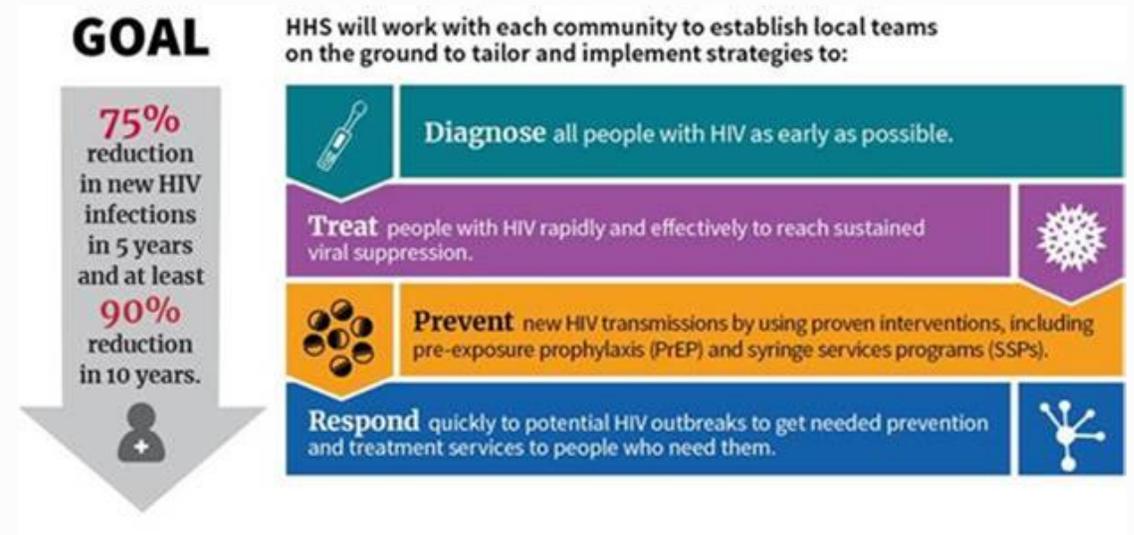
PHC HIV Care Continuum & Goals 2

Individual support for clinicians

- National HIV Curriculum
- Lifelong Learners Program

Capacity Building

- Policy & procedures project for HRSA Part C clinical and administrative requirements
- LGBTQ+ friendly clinic



Replicable Practices: PT Special Projects

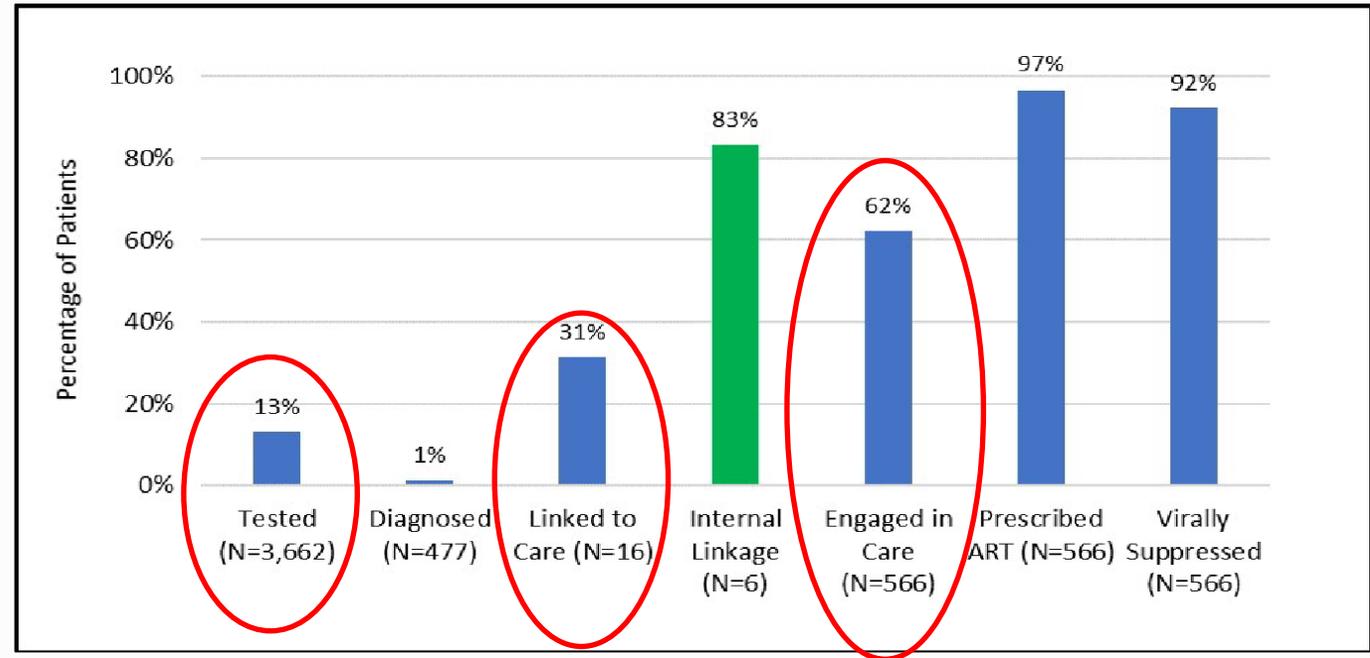
Project Selection

Developing Goals & Action Plans

- Annual assessments
- PT Champion discussion
- Staff and clinician input

Special Projects

- PT project goals that are stalled and/or could benefit from internal staff effort
- Projects of interest at PHC for years without time, resources, and staffing to progress
- Conversations and meetings among PT coach and project director



PT Special Projects

- 2020-2021

- HIV opt out testing
- Healthcare Equality Index, LGBTQ+ patient-centered care
- Methamphetamine harm reduction

- 2021-2022

- Viral suppression celebration
- Passport to care
- Aging population support
- Mosaic, LGBTQ+ patient-centered care

Contracts

- MATEC contracted with staff, not the clinic
- Bonus opportunity to increase staff pay
- Payment per steps/goals NOT per hour
- Work completed outside of clinic hours

Staff Selection

- Staff interests
- Recognized for future advancements
- Work independently
- Could benefit from a bonus

Positions include:

- 2020-2021
 - Prevention Services Manager*
 - Prevention Specialist*
 - Housing Case Manager*
- 2021-2022
 - Nurse Care Manager
 - Pharmacist
 - Behavioral Health Consultant

*Promotions after project completion

Structure

- Clearly defined actions, steps, goals and timeframes
- PT coach preparation of best-practice research on each project
 - “Opt-Out HIV Testing: A best practice toward ending the HIV epidemic”
 - HEI Criteria
- Data to support the need and evaluate gaps in care
- Regular meetings/check-ins
- Tracking of staff time

Meetings

- Meetings were scheduled during lunch to avoid conflict of clinic responsibilities and paid time
- Onboarding orientation meeting
- Regular meetings upon completion of steps, often weekly
- Final meeting including presentation of final documents
- Post project presentations:
 - Staff meetings and Executive Leadership
 - PHC Board meetings and Consumer Advisory Board meetings

Scope of Work - HIV Opt Out Testing

- Data review and summary
- Review best practice document
- Best practice policy, procedure, and workflow research & review
- Project Charter
- Develop draft policy, procedure, and workflow
- Draft training and implementation plan


Practice Transformation Project w/ Primary Health Care
Opt Out Test Project

Goal: Determine best practice policy components and workflow implementation that will work best for PHC University location.

Scope of Work to be completed by **June 30, 2021**. PHC staff selected will work on this project outside of PHC paid time. Payment for projection completion will total **\$3550**, to be paid in increments as target action steps are completed. Anticipated number of hours for the project is **71 hours**.

PHC staff will work closely with MATEC PT Coach and provide detailed reporting on all action steps. An introductory meeting with the MATEC PT Coach and HIV Program Director will be the start of the project. Some additional virtual meetings may be required to touch base and adjust/add to action steps as needed. Please note that meetings will be scheduled during the lunch hour to not interfere with PHC staff time. A final presentation meeting will be held with MATEC PT coach and PHC management.

Action Steps

- 1) Develop and maintain google doc folder of all resources gathered, notes, etc
- 2) Marshalltown Review
 - a) Determine date of policy implementation, work with Quality Improvement Data Specialist (QIDS) to [pull data](#) for the year prior and the year post implementation
 - b) Meet with MATEC PT Coach to review and compare data of Marshalltown and University locations
 - c) Acquire and review Marshalltown policy document and workflow
 - i) Review policy and note potential changes for University location
 - ii) Review workflow and note potential improvements/changes for University location
 - iii) Send emails to key staff to gather lessons learned, things that could be improved, etc
- 3) Review ['Opt-Out HIV Testing: A best practice toward ending the HIV epidemic'](#) document
 - a) Pull data for each PHC clinic location to add to this document
 - b) Meet with MATEC PT Coach and HIV Program Director and present data and progress in steps 1-3
- 4) Best Practice Policy Review
 - a) Search for best practice policies

- b) Review best practice policies you gathered, as well as those provided by MATEC PT Coach
 - c) Make notes of best practice policy components that could be implemented at PHC University clinic
- 5) Best Practice Workflow Review
- a) Search for best practice workflows
 - b) Review best practice workflows you gathered, as well as those provided by MATEC PT Coach
 - c) Make notes of best practice workflow components that could be implemented at PHC University clinic
 - d) Things to consider when reviewing best practice workflows:
 - i) Do we have the ability within EMR to do a check box or flow sheet - develop a word document with screenshots of where it is or could be documented
 - ii) Prompts for conversation around testing and for those that decline
 - iii) Are there any current alerts or flags, if not were should they be added
 - iv) Determine how we do or should document testing/declines and what changes are needed
- 6) Develop Project Charter
- a) Meet with MATEC PT Coach and HIV Program Director and present data and progress in steps 4-6
- 7) Develop Draft Policy for PHC University location
- a) Utilize the ['Opt-Out HIV Testing: A best practice toward ending the HIV epidemic'](#) document as a template for summarizing key best practice policy components
 - b) Draft a policy for the University clinic location using the best practice models and lessons learned
 - c) Meet with MATEC PT Coach and HIV Program Director and present drafts and progress in step 7
- 8) Develop Draft Workflow for PHC University location
- a) Utilize the ['Opt-Out HIV Testing: A best practice toward ending the HIV epidemic'](#) document as a template for summarizing key best practice workflow components
 - b) Draft a workflow for University location using the best practice models and lessons learned
 - c) Meet with MATEC PT Coach and HIV Program Director and present drafts and progress in step 8
- 9) Draft steps for training and implementation
- a) Meet with MATEC PT Coach and HIV Program Director and present drafts and progress of complete project

Payment
The project payments will total \$3550 with successful completion of all nine steps. A [detailed summary of each step and hours worked](#) must be submitted to the MATEC PT Coach for each payment. Payments will be broken down into four installments, each to be processed upon completion of required steps. Action steps within the nine key steps may alter slightly as the project progresses. Deadline for project completion is June 30, 2021 with a recommended, but flexible, timeframe for the steps outlined below.

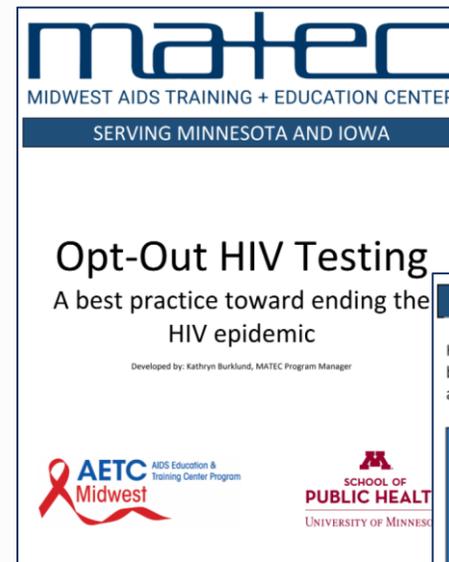
Payment Breakout

- Steps 1-3 - \$1000 payment with target date of May 28, 2021
- Steps 4-6 - \$1000 payment with target date of June 4, 2021
- Steps 7-8 - \$1000 payment with target date of June 18, 2021
- Step 9 - \$550 payment with target date of June 29, 2021

HIV Opt Out Testing

Achievements:

- 13 clinic/organization contacts
- 38 sample P&P documents & best practice articles
- 7 best practices for EMR implementation



HOW MANY PEOPLE HAVE NEVER BEEN TESTED

HIV testing rates have steadily increased, however more than half of Americans still have not been tested for HIV in their lifetime. Within the US, an estimated 1.2 million people have HIV, and an estimated 161,800 are unaware of their status.

- Nearly half of high school students report having had sex, but CDC data show that only 22 percent of those have ever been tested for HIV. 37% of sexually active students report not using a condom during their most recent act of sexual intercourse
- 46% of nonelderly adults in the United States (U.S.) have ever been tested for HIV, including 8% in the last year.
- More than a third of African Americans have never been tested.

Primary Health University Clinic Patients

4630 Total Patients 2019-2020

2823 Never Tested at PHC (61%), including:

- 2288 Ages 15-64
- 493 Black/African American
- 1159 Hispanic or Latino
- 60 Gay or Bisexual
- 9 Transgender (FtM & MtF)
- 497 Mental Health Disorder Diagnosis
- 532 Substance Abuse Diagnosis

The CDC recommends routine HIV screening in health-care settings for all adults, aged 13-64, and repeat screening for those at higher risk. Persons unaware of their HIV infection account for approximately 40% of ongoing transmissions in the United States.

Percent of Non-Elderly Who Report Being Tested for HIV, by Race/Ethnicity, 2014

Percent of non-elderly, aged 18-64, who say they have been tested for HIV...

Group	Yes, in last 12 months	Yes, but not in last 12 months	No, never tested
Total	18%	27%	43%
White	22%	35%	47%
Black	23%	36%	23%
Latino	22%	37%	39%

NOTE: "Don't know" responses not shown.
SOURCE: Kaiser Family Foundation, Kaiser Health Tracking Poll (combined July 10-21, 2014)

At the end of 2018, 1,040,352 adults and adolescents with diagnosed HIV living in the US and dependent areas. In 2018 the number of individuals that received an HIV diagnosis was:

37,968 in the US & dependent areas
98 in Iowa
6 at Primary Health Care

Sample Documents Created: HIV Opt Out Testing

- PHC HIV testing data
- Project charter
- Policy
- Procedure
- Workflow
- Sample Script
- Training plan

POLICY AND PROCEDURE MANUAL
 SECTION: Provision of Care, Treatment, and Services
 TITLE: Opt-Out HIV Screening
 POLICY# TBD
 EFFECTIVE DATE: TBD
 REVISION DATE: 6/28/2021,

POLICY OBJECTIVE:
 The purpose of this standing order is to facilitate and improve access to care through the use of opt-out HIV testing at the University Clinic of Primary Health Care, Inc. Introducing opt-out HIV testing into the clinic's primary workflow will increase the accessibility and health outcomes for our patients, especially those from disproportionately impacted communities. It is also beneficial to remove the stigma associated with HIV testing, fosters early diagnosis and treatment, reduces risk of transmission, and is cost-effective¹.

Implementation of routine opt-out HIV screening by health care providers at Primary Health Care, Inc. includes early detection of a serious health disorder before severe symptoms develop, and introducing reliable, inexpensive, and adaptable screening tests. Also, our patients will have better health outcomes with early HIV detection and access to effective HIV treatment¹.

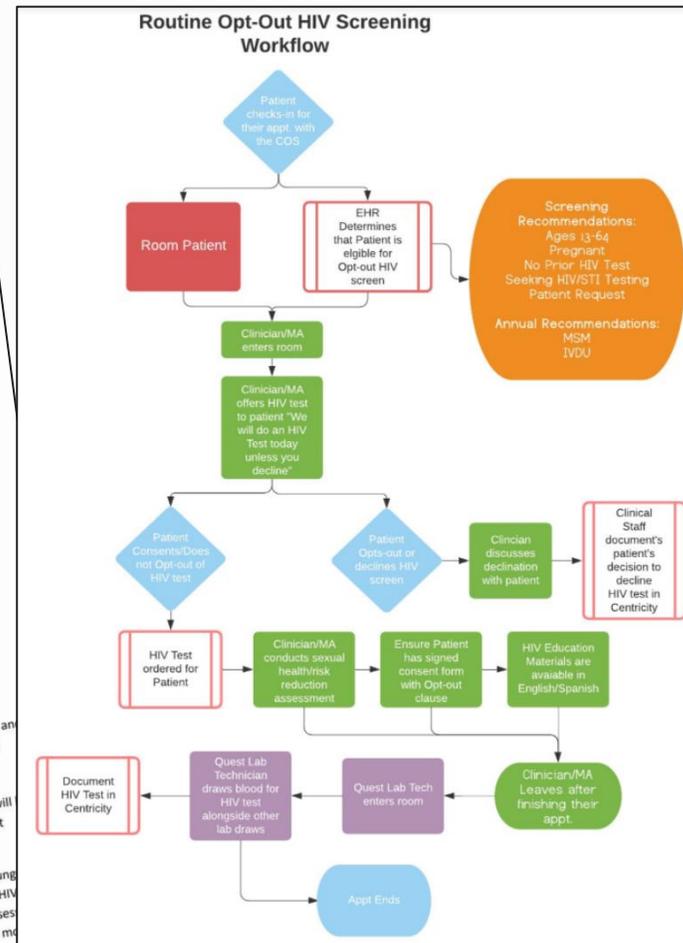
SCOPE:
 COS, RN, LPN, MA, and CCT are provided education, training, workflow surrounding the opt-out HIV screening process and are staff who will utilize opt-out HIV screening on all patients who qualify. The level of experience, training, education and/or certification of the individuals carrying out the acts required by the standing orders will be evaluated annually.

POLICY:
 It is the policy of Primary Health Care, Inc. to be in compliance with the Centers for Disease Control and Prevention's (CDC) revised recommendations for opt-out HIV screening of adults, adolescents, and pregnant women in health-care settings¹. The U.S. Preventive Services Task Force (USPSTF) final recommendation statement on HIV screening² recommends routine HIV screening in health care settings. Once the opt-out testing is implemented, all patients will be informed that an HIV test will be included in the standard preventative screening tests, and that they may decline the test (opt-out screening)¹. A patient's declination will be noted in their medical record.

All patients ages 13 to 65 should be screened for HIV at least once in their lifetime. Patients younger than 13 years or older than 65 years should be considered for HIV screening in the presence of HIV risk factors, either recent or historically. Opt-out HIV screening will also be provided to patients assessed to be at high risk for HIV infection, pregnant patients that have not been screened in the last 3 months, anyone seeking STD testing or treatment, or anyone requesting an HIV screening. Individuals at high risk for HIV transmission should be screened at least annually. Patients at high risk for HIV transmission include:

PHC
primary health care

Page 1 of 2



PHC
primary health care

DRAFT Primary Health Care, Inc.
Opt-Out HIV Testing Procedure for PHC University

I. Purpose and Goals
 The following agreement authorizes the healthcare provider(s), registered nurse(s), certified medical assistant(s) and laboratory technician(s) who hold an active license to practice issued by the State of Iowa, to manage patients pursuant to the parameters outlined below.

Purpose
 The purpose of this standing order is to facilitate and improve access to care through the use of opt-out HIV testing at the University Clinic of Primary Health Care, Inc. Introducing opt-out HIV testing into the clinic's primary workflow will increase the accessibility and health outcomes for our patients, especially those from disproportionately impacted communities.

Goals

- To reduce new HIV infections among PHC patients.
- To increase the number of PHC patients aware of their HIV statuses.
- To increase the health outcomes of individuals newly diagnosed with HIV through linkage to care to HIV medical care and support.
- To increase the number of high-margin HIV medications filled at PHC pharmacies.

Scope

- Clinical Office Specialists
 - The EMR will identify patients who are eligible for opt-out HIV screening and the COS check patients in and prepare them for their appointment
- PHC University Medical Team
 - The HIV screening prior to ordering the screening
 - The Clinician or Medical Assistant is responsible for informing the patient about their HIV screening result once received.
 - The Clinician or Medical Assistant is responsible for recording acceptance or denial of the HIV screening, risk reduction counselling and identifying a patient's indications for PrEP.
- The Quest Laboratory Technician
 - Collect serum samples for opt-out HIV screening.
 - Document successful HIV serum collection in Centricity.

Responsibilities

- Reference the "Routine Opt-Out Screening Workflow" – attached below

Prior to their appointment, the EMR will identify patients eligible for opt-out HIV screening

- Opt-out HIV Screening Criteria
 - Patients who are not living with HIV, AND:

Last Edited: 6/23/2021 DRAFT

Scope of Work - Healthcare Equity Index (HEI)

- Project Charter
- Review of Human Rights Campaign website, requirements, and documents
- Review and research PHC status for all HEI criteria
- Determine stages of change and rate PHC for all HEI criteria
- Note strengths and weakness within each category
- Draft action plan for HEI certification


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Practice Transformation Project w/ Primary Health Care
HEI Center of Excellence Project

Goal: Determine the level of readiness PHC University location is at with each requirement to receive HEI Center of Excellence certification.

Scope of Work to be completed by **June 30, 2021**. PHC staff selected will work on this project outside of PHC paid time. Payment for projection completion will total **\$3250**, to be paid in increments as target action steps are completed. Anticipated number of hours for the project is **65 hours**.

PHC staff will work closely with MATEC PT Coach and provide detailed reporting on all action steps. An introductory meeting with the MATEC PT Coach and HIV Program Director will be the start of the project. Some additional virtual meetings may be required to touch base and adjust/add to action steps as needed. Please note that meetings will be scheduled during the lunch hour to not interfere with PHC staff time. A final presentation meeting will be held with MATEC PT coach and PHC management. Project staff will need to be prepared to attend an executive board meeting with the HIV Program Director and assist in presenting the project, to be completed after June 30, 2021.

Action Steps

- 1) Develop and maintain google doc folder of all resources gathered, notes, etc
- 2) Finalize Project Charter draft developed by HIV Program Director
- 3) Review the [Human Rights Campaign Foundation](#), National LGBTQ Healthcare Equality Index Center of Excellence website, requirements and documents
 - a) [Healthcare Equality Index Resource Guide](#)
 - b) [Guidelines for Outpatient Clinics with Multiple Locations](#)
 - c) [HEI 2022 Rating System and Methodology](#)
 - d) [HEI Scoring Criteria](#)
 - i) Be sure to click on each blue section's + for more details
 - e) [HEI 2020 Question Requirements Grid](#)
- 4) Determine single site vs whole organization requirements
 - a) Coordinate meeting with HEI staff**
 - i) MATEC PT Coach has emailed with HEI and they would like to talk regarding
 - ii) Connect with HEI to set meeting with MATEC PT Coach and HIV Program Director

- b) Meet with MATEC PT Coach and HIV Program Director and present data and progress in steps 1-4

5) Prepare to rate all required HEI criteria

- a) Review the [‘HEI-2022-Question-Requirements-Grid and Readiness to Change’](#) document that will be used for this project
 - i) See lines 90-96 for stages of change rating guidance
- b) Learn about the public health stages of change model by viewing these two sites:
 - i) [Stages of Change \(pgs 1-3\)](#)
 - ii) [Australian Department of Health](#)
- c) Meet with MATEC PT Coach and HIV Program Director to discuss step 6

6) Determine stages of change and rate each HEI criteria

- a) Research the progress and stage of change for PHC University clinic for each HEI criteria
- b) Using the public health stages of change model, rate each HEI criteria on the [‘HEI-2022-Question-Requirements-Grid and Readiness to Change’](#) document, columns E-J
- c) Include hyperlinks all all relevant policies, procedures or documents in column K
- d) Include all relevant notes, why you rated it a certain way, in column L, including:
 - i) What research you did to determine rating
 - ii) Staff you consulted
- e) Include notes on changes required to successfully meet HEI criteria, if not rated as maintenance meeting best practice criteria
- f) Meet with MATEC PT Coach and HIV Program Director and present data and progress in step 6 and discuss step 7

7) Draft action plan for HEI certification

- a) Utilizing the data in step 6 to develop an written action plan to successfully meet all requirements
 - i) Utilize column M to develop detailed action plan
 - ii) Develop an action plan in a word document, [see example](#). Details may include:
 - (1) PHC staff responsible for changes
 - (2) Key PHC staff **important need to moving** toward implementation
 - (3) Budgetary considerations to make changes
 - (4) Structural changes needed
 - (5) Is collaboration needed for training with outside agencies or is there a trainer internal
- b) Meet with MATEC PT Coach and HIV Program Director and present drafts and progress of complete project

Payment
The project payments will total \$3250 with successful completion of all seven steps. A detailed [summary of each step and hours worked](#) must be submitted to the MATEC PT Coach for each

payment. Payments will be broken down into three installments, each to be processed upon completion of required steps. Action steps within the seven key steps may alter slightly as the project progresses. Deadline for project completion is June 30, 2021 with a recommended, but flexible, timeframe for the steps outlined below.

Payment Breakout
Steps 1-4 - \$1000 payment with target date of May 21, 2021
Steps 5-6 - \$1000 payment with target date of June 16, 2021
Step 7 - \$1250 payment with target date of June 29, 2021

Sample Documents Created: HEI

- HEI criteria excel sheet (60+ criteria) with:
 - Requirements and validation materials needed
 - Links to PHC required documents
 - Rating & “Stages of Change”
 - Notes on readiness to change
 - Notes on strengths/weaknesses
- HEI draft action plan (8 page document)

Healthcare Equality Index Project Summary Report and Action Plan Suggestions
 Prepared for Primary Health Care
 Noah Beacom

You may be familiar with the Human Rights Campaign (HRC) from it's somewhat ubiquitous logo, a yellow equals sign on a navy blue background. The HRC is considered the premiere national LGBTQ+ equality rights organization, and has had its hand in protecting and advancing the rights of LGBTQ+ people for over forty years.

As part of their work, HRC has initiated a program to help LGBTQ+ find LGBTQ-friendly healthcare providers, hospitals, and clinics through the Healthcare Equality Index (HEI). This program also provides guidance and technical assistance to healthcare organizations to encourage the formation of a more LGBTQ-inclusive patient experience.

With guidance from The Project leadership and from the Midwest AIDS Training and Education Center (MATEC), I undertook a project to evaluate Primary Health Care's readiness to apply in almost sixty different criteria ranging from inclusive employee benefits to transgender-friendly restroom facilities. HEI does not certify individual locations for outpatient health systems; all of Primary Health Care must be certified at the same time.

Although the scoring criteria is a bit complex, and not every item is required or weighted the same, I found that PHC currently meets fourteen criteria (25%), has made some progress toward fifteen criteria (27%), and has not started on twenty-seven criteria (48%).

Below follows an overview of each of the eleven sections of the requirement grid. This is a high-level overview in which I speak briefly about the importance of each section, highlight one or two areas we are doing well in, and then mention a few opportunities that would be good to tackle and have the most impact. To review each item in detail, please see the attached document.

Criteria 1. Non-Discrimination and Staff Training				Stages of Change (See bottom of document for scoring)						Links to resources, notes, etc		Points			
For more detailed information about this section and specific examples that meet the criteria please see the Patient Non-Discrimination section of the HEI Resource Guide				Prevalence	Consistent	Prevalence	Action	Visible	Revised	Link to relevant policy, procedure, workflow, document	Notes on state of change found	Notes on changes needed to meet HEI criteria	Noah's notes		
Criteria/Best Practice	Question(s) No. & Specific Wording	Validating Information Required	System Information Accepted												
LGBTQ-inclusive Patient Non-Discrimination Policy 1. Policy must include the terms "sexual orientation" and "gender identity or expression" (or "gender identity")	Q1. Does your patient non-discrimination policy (or the non-discrimination statement in your patients' bill of rights) include the term "sexual orientation" AND the term "gender identity or expression" (or "gender identity")?	Must upload a copy of patient non-discrimination policy or patient bill of rights.	Yes – policy should indicate that the policy applies to all facilities in the system							Link to relevant policy, procedure, workflow, document	Q1. Patient handbook 1.2 Access, Safety and Responsibilities	Non-discrimination policy does not include sexual orientation or gender identity or expression. Patient handbook does include sexual orientation and gender expression.	- Recommend in plan that non-discrimination notice be updated to include sexual orientation and gender identity or expression	5	
1. Patient non-discrimination is communicated to patients and staff 2. Policy is shared in two ways with the public, typically online and in-print. 3. Policy is shared with staff in at least one way.	Q2. To receive credit for communicating this policy, please check off ALL of the ways your organization informs patients of your LGBTQ-inclusive patient non-discrimination policy (or patients' bill of rights) Q3. To receive credit for communicating this policy, please check off ALL of the ways your organization informs employees of your LGBTQ-inclusive patient non-discrimination policy (or patients' bill of rights).	Must provide at least two examples of how policy is communicated to patients – typically one is a website example and the other will be a document like a brochure. It could also be a poster or photo of sign/poster in waiting area. Must upload at least one example of how policy is communicated to staff. Must be an internal example, not a public document. May not be the same as the example of how the policy is communicated to patients.	Yes – if example is truly system-wide (i.e. a page on the system website, or a patient guide that is given to all patients in the system regardless of the healthcare facility)							Link to relevant policy, procedure, workflow, document	Q1. 1. Patient handbook available online 2. Patient handbook given to new patients upon registration Q2. 1. Policy is shared with staff upon new-hire orientation.	Notes on state of change found	Notes on changes needed to meet HEI criteria	Noah's notes	5
For more detailed information about this section and specific examples that meet the criteria please see the Equal Visitation Section of the HEI Resource Guide				Stages of Change (See bottom of document for scoring)						Links to resources, notes, etc		Points			
Criteria	Question(s) No. & Specific Wording	Validating Information Required	System Information Accepted	Prevalence	Consistent	Prevalence	Action	Visible	Revised	Link to relevant policy, procedure, workflow, document	Notes on state of change found	Notes on changes needed to meet HEI criteria	Noah's notes		
Equal Visitation Policy 1. Policy must allow the patient's visitor of their choice.	Q1. Does your visitation policy grant equal visitation to LGBTQ+ patients and their visitors in at least one of the ways above?	Must upload a copy of equal visitation policy.	Yes – policy should indicate that the policy applies to all facilities in the system					N/A		Link to relevant policy, procedure, workflow, document	Q1. Does not apply to outpatient facilities.	Notes on changes needed to meet HEI criteria	Question does not apply to outpatient facilities, per email from HEI	5	
Equal Visitation Policy is communicated to patients and staff 1. Policy is shared in two ways with the public, typically online and in-print. 2. Policy is shared with staff in at least one way.	Q2. To receive credit for communicating this policy, please check off ALL of the ways your organization informs patients of your equal visitation policy Q3. To receive credit for communicating this policy, please check off ALL of the ways your organization informs employees of your equal visitation policy.	Must include at least two examples – typically one is a website example and the other will be a document like a brochure. It could also be a poster or photo of sign/poster in waiting area. If included in the Patient Bill of Rights, the same example(s) from PHD may be used. Must include at least one example of how policy is communicated to staff. Must be an internal example, not a public document. May not be the same as the example of how the policy is communicated to patients.	Yes – if example is truly system-wide (i.e. a page on the system website, or a patient guide that is given to all patients in the system regardless of the healthcare facility)					N/A		Link to relevant policy, procedure, workflow, document	Q2. Does not apply to outpatient facilities.	Notes on changes needed to meet HEI criteria		5	

Benefits

to partnering with an outside agency on quality improvement/practice transformation projects

Practice Transformation Benefits to Clinic

- Outside partner to facilitate change and quality improvement projects
- PT Coach can do the preliminary research and draft documents
- Allows clinic to analyze data and review priority projects
- Provides access and equitable health care
- Special emphasis: MATEC resources allowed us to accomplish so much more

Special Projects Benefits to Clinic

- Provides education for clinical and nonclinical staff to know more about the topic area
- Prescreening - (testing or questionnaires) catches health concerns early or earlier
- Opt Out Testing:
 - #1 reason, it's just good practice
 - Normalizes efforts & a method of eliminating stigma.
 - Closes the gap- catch those missed opportunities to educate and test

Special Projects Benefits to Staff

- Develop new skills and responsibilities
- Adds to their professional portfolio
- Opportunity for future job projects and/or promotions
- Self initiative to expand project scope and reached out to peer clinics
- Recognition by other leaders and departments
- Have become the internal “expert” on the subject

Special Projects Benefits to PT Project

- PHC has a strong intent to do transformation
- Strong partnership/trust with PHC & Program Director
- Valuable insight from front line staff
- Accelerated work within the PT project goals
- Would not have completed the amount of work, or depth, within the project year without the staff support

*Note, the special projects did NOT decrease coach work, but rather increased the workload

Thank you!!

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She | Her | Hers

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MATEC Resources

Clinical Consultation Center

<http://nccc.ucsf.edu/>

- HIV Management
- Perinatal HIV
- HIV PrEP
- HIV PEP line
- HCV Management
- Substance Use Management

AETC National HIV Curriculum

<https://aidsetc.org/nhc>

AETC National HIV-HCV Curriculum

<https://aidsetc.org/hivhcv>

Hepatitis C Online

<https://www.hepatitisc.uw.edu>

AETC National Coordinating Resource Center

<https://aidsetc.org/>

Additional Trainings

<https://matec.info>



Questions and Discussion